



Maryland  
DEPARTMENT OF HEALTH

**Maryland Loan Repayment Programs**  
**Lender Verification Form**

**(To be completed by EACH LENDER. MAKE AS MANY COPIES OF THIS FORM AS NECESSARY.)**

Participant Name: \_\_\_\_\_

I authorize my lender, \_\_\_\_\_, to provide the information requested by the Maryland Health Department to help facilitate my Maryland Loan Repayment Programs award.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**THIS SECTION TO BE COMPLETED BY THE LENDER/LOAN SERVICER**

**I. Applicant and Loan Account Detail**

\_\_\_\_\_  
Name of Loan Holder

\_\_\_\_\_  
Account Number

This loan is a:     Private loan     Federal loan     Other \_\_\_\_\_

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Outstanding Principle                      Outstanding Interest                      Total Outstanding Balance

This loan is:     Current     In Default     In Deferment

Has this loan ever been in default?     Yes     No    If YES, when: \_\_\_\_\_

**II. Lender Institution Detail**

\_\_\_\_\_  
Name of lender to whom payment will be made

\_\_\_\_\_  
Lender Employer Identification Number (see W-9)

\_\_\_\_\_  
Mailing Address for Payment

\_\_\_\_\_  
City/State/Zip Code:

\_\_\_\_\_  
Lender Phone Number

Lender would like to receive payment via:

- Electronic Payment/ Direct Deposit (Preferred method):** Lender must complete and submit the [State of Maryland ACH/Direct Deposit Authorization Form](#) to [GADCSC@marylandtaxes.gov](mailto:GADCSC@marylandtaxes.gov), if not done so previously.

Bank Account Number Confirmation: xxxxxxxx \_\_ \_\_ \_\_ \_\_

Special instructions or notes: \_\_\_\_\_

- Paper Check** (Will be sent to W-9 address on-file with the State of Maryland)

**III. Lender Contact**

\_\_\_\_\_  
Title of Lender Official

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Lender's Signature

\_\_\_\_\_  
Date

**Please return this form to the program participant named at the top of this form.**

**Questions:** [mdh.loanrepaymentprograms@maryland.gov](mailto:mdh.loanrepaymentprograms@maryland.gov) or call 410-767-6123